

## TAXIDERMIST LICENSE APPLICATION

NAME	DATE OF BIRTH
BUSINESS NAME	
BUSINESS ADDRESS	
MAILING ADDRESS	
CITY	STATEZIP
ANNUAL FEE \$15.0	0 – LICENSE EXPIRES YEARLY ON <u>APRIL 30</u> TH Annual renewal forms will not be sent
Montana law prohibits the de permission of each person on	partment from compiling lists for public distribution without the list. If you wish to be included on the list of oution, please sign the statement below. You will not be not sign.
You have my permission to in distribution.	nclude my name or firm on the list of taxidermists for public
Return to:	
Enforcement Division	Signature
Fish, Wildlife & Parks PO Box 200701	
1420 E. 6 <sup>th</sup> Ave.	Date
Helena MT 59620-0701	